

## TRAVEL EXPENSE CLAIM

**See Instructions and Privacy**

**Statement on Reverse Side**

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME

Linda Ulrich

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**POSITION**

Director

RESIDENCE ADDRESS

444 North Capitol Street, NW #134

CITY

STATE

ZIP

CITY

STATE

ZIP

Washington

DC

20001

[illegible]

CLAIM TOTAL

**\$76.00**

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Travel to and from meetings for the month of October

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

**USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE